



City of Seattle  
Department of Design,  
Construction and Land Use



**Applicant Services Center/Permit Issuance Counter**

Key Tower, 700 Fifth Ave, Suite 2000, Seattle, WA 98104-5070

**Phone:** (206) 684-7718 **Website:** www.cityofseattle.net/dclu

**Hours:** M,W,F: 7:30-5:30 T,Th: 10:30-5:30

**WORK SITE ADDRESS:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Floor(s): \_\_\_\_\_ Suite/Location: \_\_\_\_\_

**PROJECT DESCRIPTION** (see OTC Mechanical Permit Checklist): \_\_\_\_\_

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**PROJECT VALUE:** \_\_\_\_\_ **WILL PROJECT BE COMPLETED IN STAGES?** YES \_\_\_\_\_ NO \_\_\_\_\_

Legal Description (if legal is too long, attach it to this form): \_\_\_\_\_

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Owner/Lessee \_\_\_\_\_ Assessor's Parcel Number \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**I UNDERSTAND THAT THIS IS A REQUEST AND DOES NOT CONSTITUTE A PERMIT**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name (PLEASE PRINT): \_\_\_\_\_

Relationship to Project (CIRCLE ONE): Owner Lessee Owner's Agent Contractor

**Agent Statement:** I certify that I am authorized by the owner/lessee to act on their behalf for the purpose of obtaining this permit.

Agent's Signature: \_\_\_\_\_

If a contractor will do the work, please bring the contractor's original license or a notarized copy of it with you at time of application or send a notarized copy with this application if submitted by mail.

Contractor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

License # \_\_\_\_\_ Exp Date \_\_\_\_\_

**THIS SECTION TO BE FILLED IN BY DCLU STAFF**

**DCLU PTS ADDRESS:** \_\_\_\_\_ DCLU Building ID # \_\_\_\_\_

Zone \_\_\_\_\_ ECA/ESA \_\_\_\_\_ Shoreline \_\_\_\_\_ Historical \_\_\_\_\_ Greenbelt \_\_\_\_\_

Project # \_\_\_\_\_ Permit # \_\_\_\_\_ DCLU staff initials \_\_\_\_\_ Date \_\_\_\_\_

Permit Fee \_\_\_\_\_ Receipt # \_\_\_\_\_